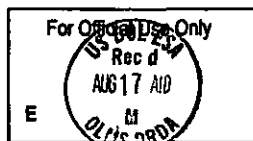


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT


1 File Number U <u>8866</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Maxcimo</u> <u>Manipon</u> P O Box Bldg Room No If any _____ Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>	4 Name file number and address of labor organization Name <u>O P C M I A Local Union #630</u> Labor Organization File Number <u>037-279</u> P O Box Building and Room Number if any _____ Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>
5 Position in labor organization <u>Trustee</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (Including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed  On 8/10/05 (808) 841-0491
Date Telephone Number

Name of Person Filing **Maxcimo Manipon**File Number **U**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name **Hawaii Masons & Plasterers Training Trust Fu**

Trade Name if any

P O Box Bldg Room No if any

Street **2251 North School Street**City **Honolulu**State **Hawaii** ZIP Code + 4 **96819****9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**Name **Hawaii Masons & Plasterers Training Trust Fu**

Trade Name if any

P O Box Bldg Room No if any

Street **2251 North School Street**City **Honolulu**State **Hawaii** ZIP Code + 4 **96819****11 a Nature of such dealing****11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received**

Employed by Hawaii Masons & Plasterers Training Trust Fund to coordinate and aid in overseeing general training program activities

See Attachment - Pg 1 of 1

12 b Amount**\$6,320**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.**13 b Is the Business an Employer** ☐ **or Consultant** ☐ **?****14 b Amount of payment**

Macimo Manipon
File Number - Initial filing
12/31/2004

Page 1 of 1 page

Attachment to Form LM 30 Line 11 a b

<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
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Attachment to Form LM-30 Line 12 a b

January 1 2004 through December 31 2004	6 320	<u>Wages and fees</u> Wages	Check
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Total	<u><u>6 320</u></u>
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Amounts paid to as an employee of the Hawaii Masons and Plasterers Training Trust Fund (Trust Fund)
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management) It is overseen by a board of trustees comprised of
Union and management trustees

LEMKE, CHINEN & TANAKA, C P A , INC
CERTIFIED PUBLIC ACCOUNTANTS

FRED H TANAKA C P A
THOMAS M H PARK C P A
PAUL H ASANO C P A
EDWIN K NITTA, C P A
TERRY A. TAKAKI C P A.

210 WARD AVE SUITE 336
HONOLULU HAWAII 96814-4012
TELEPHONE (808) 533 6254

DATE August 11 2005

CERTIFIED 7002 0460 0002 3584 8670

TO U S Dept of Labor
ESA/OLMS Room N-5616
200 Constitution Ave NW
Washington DC 20210-0001

<u>NAME</u>	<u>FORM</u>	<u>AMOUNT</u>	<u>CHECK</u>
Maxcimo, Manipon O P C M I A Local Union #630	LM-30 YE 12/31/04	None	None

Please Receipt and Return One Copy

LEMKE, CHINEN & TANAKA, C P A , INC
CERTIFIED PUBLIC ACCOUNTANTS

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<u>NAME</u>	<u>FORM</u>	<u>AMOUNT</u>	<u>CHECK</u>
Maxcimo Manipon O P C M I A, Local Union #630	LM-30 YE 12/31/04	None	None

Please Receipt and Return One Copy